

# Introduction

by Philip E. Enterline\*

This is the fifth in a series of annual symposia planned and sponsored by the Center for Environmental Epidemiology at the University of Pittsburgh. This symposia had three main objectives: to judge the probable effectiveness of our national environmental health program; to assess the evidence for human health effects of selected environmental exposures; and to examine mechanisms by which the public can best benefit from new findings on environmental causes of disease.

There have been improvements in life expectancy in the United States during the past few years, and it was hoped that papers presented at this meeting might help in judging the role improvements in the physical environment have played in this. Given that one of the goals of the environmentalists has been to protect the most susceptible or weakest segment of the population, it is interesting that in recent years there has been a sharp decline in mortality among the aged.

Some new or updated evidence was presented at this symposium on the potential health effects of indoor air pollution, nonionizing radiation, gasoline fumes, asbestos, dioxin, and lead. This suggests that we are probably overreacting in our control efforts in some areas and underreacting in others. One of the neglected areas in environmental health has been how best to bring about changes suggested by research findings. This was dealt for the first time in this environmental epidemiology symposia series, and there was an opportunity for the research workers to interact with decision makers and

regulators. In many instances, it was apparent that research workers have little appreciation for the ways in which their findings have been applied or for the impact of these findings on national policy. One point of view expressed is that the effectiveness of nonregulatory institutions in bringing about change has been little appreciated by regulatory agencies and a number of examples were presented to illustrate this. It was suggested that government regulatory agencies could gain some leverage by more extensive use of nonregulatory institutions, and that ways need to be explored by which government regulators might achieve some of their goal through this route.

One theme of the conference was the importance of indoor air pollution as it effects human health. Aside from occupational environments, no single defined source of air pollution is likely to contribute so strongly to health. Unfortunately, the research and regulatory role of government here has been confusing as the result of mixed and changing responsibilities among various governmental agencies. Whereas occupational environments have been clearly regulated by the Occupational Safety and Health Administration and outdoor environments by the Environmental Protection Agency, the indoor environment has drifted somewhere among the responsibilities of the Department of Energy, the Department of Housing and Urban Development, the Environmental Protection Agency, and other governmental agencies. This is an area where epidemiologic research would seem to offer considerable hope for health improvements.

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